

United States Bankruptcy Court		Voluntary Petition																					
Northern District of Illinois																							
Name of Debtor (if individual, enter Last, First, Middle): Hollins, Donald, L		Name of Joint Debtor (Spouse) (Last, First, Middle):																					
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): None		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																					
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN No. /Complete EIN (if more than one, state all) 9207		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN No. /Complete EIN (if more than one, state all)																					
Street Address of Debtor (No. & Street, City, and State): 1703 Town Center St Aurora, ILLinois		Street Address of Joint Debtor (No. & Street, City, and State):																					
		ZIPCODE 60504																					
County of Residence or of the Principal Place of Business: Kane		County of Residence or of the Principal Place of Business:																					
Mailing Address of Debtor (if different from street address): N/A		Mailing Address of Joint Debtor (if different from street address):																					
		ZIPCODE																					
Location of Principal Assets of Business Debtor (if different from street address above): N/A		ZIPCODE																					
Type of Debtor (Form of Organization) (Check One Box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Others (If debtor is not one of the above entities, check this box and state type of entity below.)		Nature Of Business (Check all applicable boxes.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).																					
Chapter 15 Debtors Country of debtor's center of main interest Each country in which a foreign proceeding by, regarding, or against debtor is pending.		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check One Box) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 Nature of Debts (Check One Box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose" <input type="checkbox"/> Debts are primarily business debts.																					
Filing Fee (Check One Box) <input type="checkbox"/> Full Filing Fee Attached <input checked="" type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check One Box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																					
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY																					
Estimated Number of Creditors <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1- 49</td> <td>50- 99</td> <td>100- 199</td> <td>200- 999</td> <td>1000- 5000</td> <td>5001- 10,000</td> <td>10,001- 25,000</td> <td>25,001- 50,000</td> <td>50,001- 100,000</td> <td>OVER 100,000</td> </tr> </table>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1- 49	50- 99	100- 199	200- 999	1000- 5000	5001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	OVER 100,000		
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1- 49	50- 99	100- 199	200- 999	1000- 5000	5001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	OVER 100,000														
Estimated Assets <table style="width: 100%; text-align: center;"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion		
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Estimated Liabilities <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>														
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Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): Donald L Hollins
All Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)		
Location Where Filed: N/A	Case Number: N/A	Date Filed: N/A
Location Where Filed: N/A	Case Number: N/A	Date Filed: N/A
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)		
Name of Debtor: N/A	Case Number: N/A	Date Filed: N/A
District: N/A	Relationship: N/A	Judge: N/A
<p style="text-align: center;">Exhibit A</p> <p>To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q with the securities and exchange commission pursuant to section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>		<p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).</p> <p>X N/A</p>
		Signature of Attorney for Debtor(s)
Date		
<p style="text-align: center;">Exhibit C</p> <p>Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public to public health or safety?</p> <p><input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No</p>		
<p style="text-align: center;">Exhibit D</p> <p>(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)</p> <p><input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.</p> <p>If this is a joint petition:</p> <p><input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.</p>		
<p style="text-align: center;">Information regarding the debtor- Venue</p> <p>(Check any applicable box)</p> <p><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p> <p><input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.</p>		
<p style="text-align: center;">Statement by a Debtor Who Resides as a Tenant of Residential Property</p> <p><i>Check all applicable boxes.</i></p> <p><input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)</p> <p style="text-align: right;">(Name of landlord that obtained judgment)</p> <p style="text-align: right;">(Address of landlord)</p> <p><input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and</p> <p><input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.</p> <p><input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).</p>		

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

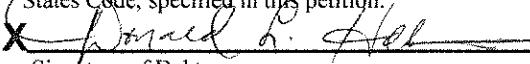
Donald L Hollins**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.



Signature of Debtor

X

Signature of Joint Debtor

630-308-1554

Telephone Number (If not represented by attorney)

11/09/2015

Date

Signature of Attorney***X N/A**

Signature of Attorney for Debtor(s)

Printed Name of Attorney for Debtor(s)

Firm Name

Address

Telephone Number

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check One Box)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by § 1515 of title 11 are attached.

Pursuant to § 1511 of title 11, United States Code, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

N/A

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the of. cer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

United States Bankruptcy Court

Northern District Of Illinois

In re Donald L Hollins Case No. _____
Debtor

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

Official Form 1, Exhibit D (12/08) -Cont.

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.]* *[Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.



Signature of Debtor:

11/09/2015

Date:

UNITED STATES BANKRUPTCY COURT

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total fee \$335)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total fee \$310)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

United States Bankruptcy Court

NORTHERN District Of ILLINOIS

In re DONALD L. HOLLINS
Debtor

Case No. _____

Chapter 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A - Debts secured by property of the estate. (*Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.*)

Property No. 1	
Creditor's Name: N/A	Describe Property Securing Debt:
<p>Property will be (check)</p> <p><input type="checkbox"/> Surrendered <input type="checkbox"/> Retained</p> <p>If retaining the property, I intend to (check at least one):</p> <p><input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).</p> <p>Property is (check one):</p> <p><input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt</p>	

Property No. 2 (if necessary)	
Creditor's Name:	Describe Property Securing Debt:
<p>Property will be (check)</p> <p><input type="checkbox"/> Surrendered <input type="checkbox"/> Retained</p> <p>If retaining the property, I intend to (check at least one):</p> <p><input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).</p> <p>Property is (check one):</p> <p><input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt</p>	

PART B - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2):
Lessor's Name: N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No

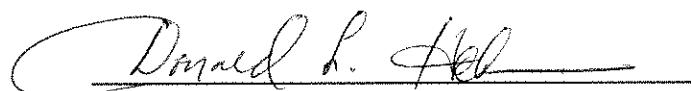
Property No. 2 (if necessary)	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2):
Lessor's Name:		<input type="checkbox"/> Yes <input type="checkbox"/> No

Property No. 3 (if necessary)	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2):
Lessor's Name:		<input type="checkbox"/> Yes <input type="checkbox"/> No

continuation sheets attached (if any)

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: 11/09/2015


Signature of Debtor

Signature of Joint Debtor

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION
(Continuation Sheet)

PART A - Continuation

Property No.		
Creditor's Name: N/A	Describe Property Securing Debt:	
<p>Property will be (<i>check</i>)</p> <p><input type="checkbox"/> Surrendered <input type="checkbox"/> Retained</p> <p>If retaining the property, I intend to (<i>check at least one</i>):</p> <p><input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).</p> <p>Property is (<i>check one</i>):</p> <p><input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt</p>		

PART B - Continuation

Property No.		
Lessor's Name: N/A	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

Property No.		
Lessor's Name:	Describe Leased Property:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

United States Bankruptcy Court

Northern District Of ILLINOIS

In re Donald L Hollins
Debtor

Case No. _____
Chapter 7 _____

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and related data" if they file a case under chapter 7,11,13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	No	0	\$ 0.00		
B - Personal Property	Yes	3	\$ 8,285.00		
C- Property Claimed as Exempt	Yes	2			
D- Creditors Holding Secured Claims	No	0		\$ 0.00	
E- Creditors Holding Unsecured Priority Claims	No	3		\$ 4,636.00	
F- Creditors Holding Unsecured Nonpriority Claims	Yes	12		\$ 206,034.34	
G- Executory Contracts and Unexpired Leases	No	0			
H - Codebtors	No	0			
I- Current Income of Individual Debtor(s)	Yes	2			\$ 0.00
J- Current Expenditures of Individual Debtor(s)	Yes	3			\$ 0.00
TOTAL		25	\$ 8,285.00	\$ 210,670.34	

United States Bankruptcy Court

Northern District Of ILLinois

In re Donald L Hollins
Debtor

Case No. _____

Chapter 7 _____

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 4,636.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)(whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 5,220.24
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 9,856.24

State the following:

Average Income (from Schedule I, Line 12)	\$ 2,237.00 2,244.00
Average Expenses (from Schedule J, Line 22)	\$ 3,073.00
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	\$ -836.00 -828.94

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 4,636.00
4. Total from Schedule F		\$ 206,034.34
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 210,670.34

In re Donald L. Hollins

Debtor

Case No.

(If Known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTIONS	AMOUNT OF SECURED CLAIM
N/A				

Total ▶

\$ 0.00

(Report also on Summary of Schedules)

In re Donald L. Hollins

Debtor

Case No.

(If Known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	<input type="checkbox"/>	Cash in wallet	N/A	\$ 25.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	<input type="checkbox"/>	TCF Bank - Checking Account # 8877204987 - Shorewood, IL / Chase Bank - Checking Account # 770779523 - Shorewood, IL / Great Lakes Credit Union - Account # 0000001860265 - Bolingbrook, IL		\$ 160.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	<input checked="" type="checkbox"/>			
4. Household goods and furnishings, including audio, video, and computer equipment.	<input type="checkbox"/>	Stereo(\$500) furniture(couch, love seat)(\$350)Appl (blender, toaster,)(\$75) Vac cleaner(\$75) 42in tv (\$350) Tbl&Chairs(\$425)Bdrm Set(\$700)		\$ 2,475.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	<input type="checkbox"/>	180 books at used book store price Location: 1703 Town Center St., Aurora, IL.		\$ 925.00
6. Wearing apparel.	<input type="checkbox"/>	Normal clothing at used clothing store prices		\$ 1,200.00
7. Furs and jewelry.	<input type="checkbox"/>	Watches(4) at flea market price		\$ 200.00
8. Firearms and sports, photographic, and other hobby equipment.	<input type="checkbox"/>	Sports equip(Soft balls,(\$20) gloves,(\$40)bowling ball.(\$30) basketball(\$10)		\$ 100.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	<input checked="" type="checkbox"/>	Term Life INSURANCE Group - WORK Country FINANCIAL		-0-
10. Annuities. Itemize and name each issuer.	<input checked="" type="checkbox"/>			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c); Rule 1007(b)).	<input type="checkbox"/>			

In re Donald L. Hollins

Debtor

Case No.

(If Known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	<input checked="" type="checkbox"/>			N/A
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<input checked="" type="checkbox"/>			
14. Interests in partnerships or joint ventures. Itemize.	<input checked="" type="checkbox"/>			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<input checked="" type="checkbox"/>			
16. Accounts receivable.	<input checked="" type="checkbox"/>			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<input checked="" type="checkbox"/>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<input checked="" type="checkbox"/>			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<input checked="" type="checkbox"/>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<input checked="" type="checkbox"/>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<input checked="" type="checkbox"/>			

In re Donald L. Hollins

Debtor

Case No.

(If Known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
22. Patents, copyrights, and other intellectual property. Give particulars.	<input checked="" type="checkbox"/>		N/A	
23. Licenses, franchises, and other general intangibles. Give Particulars.	<input checked="" type="checkbox"/>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<input checked="" type="checkbox"/>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	<input type="checkbox"/>	2002 Lexus GS300 in fair condition (Replacement value from nada.com) Location: 1703 Town Center St., Aurora, IL. Miles - 398,826 on CAR		\$ 2,600.00
26. Boats, motors, and accessories.	<input checked="" type="checkbox"/>			
27. Aircraft and accessories.	<input checked="" type="checkbox"/>			
28. Office equipment, furnishings, and supplies.	<input type="checkbox"/>	Office desk, (\$100.00) credenzas (\$75.00) Chair (\$50.00) Used computer (\$300.00) Printer (\$75.00) Location: 1703 Town Center St., Aurora, IL.		\$ 600.00
29. Machinery, fixtures, equipment, and supplies used in business.	<input checked="" type="checkbox"/>			
30. Inventory.	<input checked="" type="checkbox"/>			
31. Animals.	<input checked="" type="checkbox"/>			
32. Crops - growing or harvested. Give Particulars	<input checked="" type="checkbox"/>			
33. Farming equipment and implements.	<input checked="" type="checkbox"/>			
34. Farm supplies, chemicals, and feed.	<input checked="" type="checkbox"/>			
35. Other personal property of any kind not already listed. Itemize.	<input checked="" type="checkbox"/>			

continuation sheets attached

Total ▷

\$ 8,285.00

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

In re Donald L Hollins

Debtor

Case No.

(If Known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check One Box)

11 U.S.C. § 522(b)(2)
 11 U.S.C. § 522(b)(3)

Check if debtor claims a homestead exemption that exceeds
\$155,675 *

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Cash on Hand	C.C.P. § 703.140(b)(5) 735 ILCS 5/12-1001	\$ 25.00	\$ 25.00
TCF Bank - Checking Account # 8877204987 - Shorewood, IL / Chase Bank - Checking Account # 770779523 - Shorewood, IL / Great Lakes Credit Union - Account # 0000001860265 - Bolingbrook, IL	C.C.P. § 703.140(b)(5)	\$ 160.00	\$ 160.00
Stereo system(\$500) Misc furniture (couch, love seat)(\$350) Minor appliances(blender, toaster,)(\$75.00) Vaccum cleaner(\$75.00) 40 inch tv (\$350.00) Table & Chairs(\$425.00) Bedroom Set(\$700.00) Location: 1703 Town Center St,	C.C.P. § 703.140(b)(3)	\$ 2,475.00	\$ 2,475.00
180 books at used book store price Location: 1703 Town Center St., Aurora, IL.	C.C.P. § 703.140(b)(5)	\$ 925.00	\$ 925.00
Normal clothing at used clothing store prices Location: 1703 Town Center St., Aurora, IL.	C.C.P. § 703.140(b)(5)	\$ 1,200.00	\$ 1,200.00

* Amount subject to adjustment on 4/1/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Donald L Hollins

Debtor

Case No.

(If Known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check One Box)

Check if debtor claims a homestead exemption that exceeds
\$155,675 *

- 11 U.S.C. § 522(b)(2)
- 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Watches(4) at flea market price Location: 1703 Town Center St., Aurora, IL.	C.C.P. § 703.140(b)(4)	\$ 200.00	\$ 200.00
Sports equipment(Soft balls,(\$20.00) gloves,(\$40.00) bowling ball,(\$30.00) basketball(\$10.00) Location: 1703 Town Center St., Aurora IL.	C.C.P. § 703.140(b)(5)	\$ 100.00	\$ 100.00
2002 Lexus GS300 in fair condition (Replacement value from nadacom) Location: 1703 Town Center St., Aurora, IL.	C.C.P. § 703.140(b)(5)	\$ 2,600.00	\$ 2,600.00
Office desk,(\$100.00) credenzas (\$75.00) Chair(\$50.00) Used computer(\$300.00) Printer(\$75.00) Location: 1703 Town Center St., Aurora, IL.		\$ 600.00	\$ 600.00
	Total		\$ 8,285.00

* Amount subject to adjustment on 4/1/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Donald L Hollins

Case No. _____

Debtor

(If Known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
ACCOUNT NO.	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>				
ACCOUNT NO.	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>				
ACCOUNT NO.	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>				
ACCOUNT NO.	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>				
				Subtotal Total of this page	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 0.00	\$ 0.00
				Total Use only on last page	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

continuation sheets
attached

(Report total also on
Summary of Schedules)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
data)

In re Donald L Hollins

Debtor

Case No.

(If Known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 or 13 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

Domestic Support Obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Donald L Hollins

Debtor

Case No. _____

(If Known)

Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

Deposits by individuals

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

Claims for Death or Personal Injury While Debtor Was Intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

_____ continuation sheets attached

In re Donald L Hollins

Debtor

Case No.

(If Known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

Taxes and Certain Other Debts Owed to Government Units

TYPE OF PRIORITY

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
				<input type="checkbox"/>	<input type="checkbox"/>				
ACCOUNT NO.									
IRS Cincinnati, OH	<input type="checkbox"/>		April 15, 2014 tax liability and interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 4,636.00	\$ 0.00	\$ 4,636.00
			VALUE						
ACCOUNT NO.									
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			VALUE						
ACCOUNT NO.									
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			VALUE						
ACCOUNT NO.									
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			VALUE						
ACCOUNT NO.									
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
			VALUE						
Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims				Subtotals (Total of this page) <input type="checkbox"/>		\$ 4,636.00	\$ 0.00	\$ 4,636.00	
				Total <input type="checkbox"/>					
Use only on last page of the completed Schedule E (Report total also on Summary of Schedules)				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
				<input type="checkbox"/>					
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In re Donald L Hollins

Debtor

Case No. _____

(If Known)

SCHEDELE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts filing a case under chapter 7, report this total also on the Statistical Summary of Certain Liabilities and Related Data..

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 30001200 Aagard5 PO Box 3612 Carol Stream, IL. 60132- 3612	<input type="checkbox"/>		10/18/13 Medical - Blue Cross Blue Shield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 22.50
			VALUE				
ACCOUNT NO. 6414544 Advanced Eye Care 110 1870 Silver Cross Blvd New Lenox, IL. 60451	<input type="checkbox"/>		07/01/15 Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 26.87
			VALUE				
ACCOUNT NO. 006904 Alden Management Services, Inc. 4200 W. Peterson Ave. Chicago, IL. 60646	<input type="checkbox"/>		02/20/14 Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00
			VALUE				
ACCOUNT NO. 081-283-5471-232 AT&T PO Box 5093 Carol Stream, IL. 60197	<input type="checkbox"/>		09/04/13 Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 18.75
			VALUE				
continuation sheets attached				Subtotal			\$ 568.12
(Use only on last page of the completed Schedule F.) Total (Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)							

In re Donald L Hollins

Debtor

Case No. _____

(If Known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1028419 Athletic & Therapeutic Inst. 4947 Paysphere Circle Chicago, IL. 60674	<input type="checkbox"/>		05/05/15 Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 841.65
ACCOUNT NO. 674569 Athletic & Therapeutic Inst. 4947 Paysphere Circle Chicago, IL. 60674	<input type="checkbox"/>		02/05/14 Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 1,575.60
ACCOUNT NO. 002911707173 Bank of America PO Box 25118 Tampa, FL 33622-5118	<input type="checkbox"/>		09/01/15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 477.22
ACCOUNT NO. 610026 BMO Harris Bank PO Box 94034 Palatine, IL. 60094	<input type="checkbox"/>		04/01/07 line of credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 52,193.00
ACCOUNT NO. 1703196 Cadence Health Central DuPage Hospital PO Box 4090 Carol Stream, IL. 60197	<input type="checkbox"/>		10/08/13 Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 539.98

Sheet no. ____ of ____ sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority ClaimsSubtotal  \$ 55,627.45

Total

(Use only on last page of the completed Schedule F.) (Report total also on Summary of Schedules and,
if applicable, on the Statistical Summary of
Certain Liabilities and Related Data.)

In re Donald L Hollins

Debtor

Case No. _____

(If Known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
ACCOUNT NO. 560864	<input type="checkbox"/>		02/2011 installment account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 190.00		
Capital Accounts PO Box 140065 Nashville, TN 37214			VALUE						
ACCOUNT NO. 438864192280	<input type="checkbox"/>		02/2001 installment account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 1,086.00		
Capital One PO Box 30285 Salt Lake City, UT 84130			VALUE						
ACCOUNT NO. 517805245461	<input type="checkbox"/>		07/2004 installment account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 820.00		
Capital One PO Box 30285 Salt Lake City, UT 84130			VALUE						
ACCOUNT NO. 14525303	<input type="checkbox"/>		02/2011 installment account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 829.00		
Cavalry Portfolio Service 500 Summit Lake Dr. Valhalla, NY 10595			VALUE						
ACCOUNT NO. 18713951	<input type="checkbox"/>		07/2013 credit card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 1,120.00		
Cavalry Portfolio Service 500 Summit Lake Dr. Valhalla, NY 10595			VALUE						
Sheet no. <u>1</u> of <u>1</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal		\$ 4,045.00			
(Use only on last page of the completed Schedule F.)				Total					
				(Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)					

In re Donald L Hollins

Debtor

Case No. _____

(If Known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
ACCOUNT NO. E134756	<input type="checkbox"/>		10/2010 Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 157.00		
Certified Services 1733 Washington St. Ste. 201 Waukegan, IL 60085			VALUE						
ACCOUNT NO. 403114240046	<input type="checkbox"/>		11/1999 Credit Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 1,608.00		
Chase Card PO Box 15298 Wilmington, DE 19850			VALUE						
ACCOUNT NO. 540168302342	<input type="checkbox"/>		05/2006 Credit card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 2,267.00		
Chase Card PO Box 15298 Wilmington, DE 19850			VALUE						
ACCOUNT NO. 55428540082	<input type="checkbox"/>		11/2000 Credit Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 469.00		
Chase Card PO Box 15298 Wilmington, DE 19850			VALUE						
ACCOUNT NO. 11997318	<input type="checkbox"/>		10/2010 Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 75.00		
Choice Recovery PO Box 20790 Columbus, OH 43220			VALUE						
Sheet no. _____ of _____ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal	<input type="checkbox"/>	\$ 4,576.00			
(Use only on last page of the completed Schedule F.)				Total	<input type="checkbox"/>				
(Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)									

In re Donald L Hollins

Debtor

Case No. _____

(If Known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ACCOUNT NO. 828064	<input type="checkbox"/>		05/2015 Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 108.00
Collection Professionals 723 1st St. LaSalle, IL. 61301			VALUE				
ACCOUNT NO. 07 03008412	<input type="checkbox"/>		08/2015 Cable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 249.34
Credit Collection Services Two Wells Ave. Newton, MA 02459			VALUE				
ACCOUNT NO. J10555	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Collection Professionals Inc 723 First St. LaSalle, IL. 61301			VALUE				
ACCOUNT NO. 14425	<input type="checkbox"/>		01/2015 Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 181.00
Diversified Services Inc 2250 E. Devon Ave Des Plaines, IL. 60018			VALUE				
ACCOUNT NO. E10064CTico83864	<input type="checkbox"/>		04/2013	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 228.00
Eagle Accounts Group Inc 7510 S. Madison Ave Indianapolis, IN 46227			VALUE				

Sheet no. 1 of 1 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority ClaimsSubtotal  \$ 766.34

Total



(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules and,
if applicable, on the Statistical Summary of
Certain Liabilities and Related Data.)

In re _____
Debtor

Case No.

(If Known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See Instructions Above)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ACCOUNT NO. 10128311	<input type="checkbox"/>		12/2014 Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 264.75
ERMI, Inc PO Box 116795 Atlanta, GA 30368-6795			VALUE				
ACCOUNT NO. 610025	<input type="checkbox"/>		12/2006 Line of Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 16,325.00
Harris T & S PO Box 755 Chicago, IL. 60690			VALUE				
ACCOUNT NO. 610026	<input type="checkbox"/>		05/2012 Loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 48,380.00
Harris T & S PO Box 755 Chicago, IL. 60690			VALUE				
ACCOUNT NO. 512027505826	<input type="checkbox"/>		08/2001 Credit Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 758.00
HSBC Bank PO Box 9 Buffalo, NY 14240			VALUE				
ACCOUNT NO. 540791500633	<input type="checkbox"/>		03/2003 Credit Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 548.00
HSBC Bank PO Box 9 Buffalo, NY 14240			VALUE				

Sheet no. ____ of ____ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$ 66,275.75

Total

(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

In re _____
DebtorCase No. _____
(If Known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ACCOUNT NO. 276-00413931	<input type="checkbox"/>		11/2013 Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 72.00
Illinois Medicar 395 W. Lake St. Elmhurst, IL. 60126			VALUE				
ACCOUNT NO. 274902510	<input type="checkbox"/>		01/2010 Credit Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 1,376.00
Jefferson Capital Systems 16 McLeland Rd. Saint Cloud MN 56303			VALUE				
ACCOUNT NO. 534122	<input type="checkbox"/>		12/2012 Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 33.80
M&M Orthopaedics 4300 Commerce Ct. Ste 230 Lisle, IL. 60532			VALUE				
ACCOUNT NO. CHR4678761	<input type="checkbox"/>		11/2013 Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 129.40
Medac-West Central Anesthesia PO Box 4115 Concord CA 94524			VALUE				
ACCOUNT NO. 8112861727	<input type="checkbox"/>		10/2011 Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 359.00
Merchants Credit Guide 223 W. Jackson Blvd Ste 410 Chicago, IL. 60606			VALUE				
Sheet no. _____ of _____ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal	<input type="checkbox"/>		\$ 1,970.20
				Total	<input type="checkbox"/>		
				(Use only on last page of the completed Schedule F.)	<input type="checkbox"/>		
				(Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	<input type="checkbox"/>		

In re Donald L Hollins

Debtor

Case No. _____

(If Known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
ACCOUNT NO. 8112861734	<input type="checkbox"/>		10/2011 Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 400.00		
Merchants Credit Guide 223 W. Jackson Blvd Ste 410 Chicago, IL. 60606			VALUE						
ACCOUNT NO. 8123183080	<input type="checkbox"/>		11/2012 Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 311.00		
Merchants Credit Guide 223 W. Jackson Blvd Ste 410 Chicago, IL. 60606			VALUE						
ACCOUNT NO. 20683154842	<input type="checkbox"/>		10/2011 Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 51.00		
Medical Business Bureau 1460 Renaissance Dr. Park Ridge, IL. 60068			VALUE						
ACCOUNT NO. 8543474094	<input type="checkbox"/>		03/2014 Credit Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 552.65		
Midland Credit Management Inc. 8875 Aero Dr. Ste. 200 San Diego, CA 92123			VALUE						
ACCOUNT NO. 8547027668	<input type="checkbox"/>		03/2014 Credit Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 2,265.29		
Midland Credit Management Inc. 8875 Aero Dr. Ste. 200 San Diego, CA 92123			VALUE						
Sheet no. <u>1</u> of <u>1</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal	<input type="checkbox"/>	\$ 3,579.94			
(Use only on last page of the completed Schedule F.)				Total	<input type="checkbox"/>				
				(Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	<input type="checkbox"/>				

In re Donald L Hollins

Debtor

Case No.

(If Known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See Instructions Above)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ACCOUNT NO. 854347 Midland Funding 8875 Aero Dr. Ste 200 San Diego, CA 92123	<input type="checkbox"/>		11/2011 Credit Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 573.00
ACCOUNT NO. 854702 Midland Funding 8875 Aero Dr. Ste 200 San Diego, CA 92123	<input type="checkbox"/>		VALUE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 2,344.00
ACCOUNT NO. 254707 Midwest Orthopaedics 1 Westbrook Corp Center Ste 240 Westchester, IL. 60154	<input type="checkbox"/>		01/2014 Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 24.40
ACCOUNT NO. MCSIHSS2188 MCSI 7330 College Dr. Palos Heights, IL. 60463	<input type="checkbox"/>		VALUE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
ACCOUNT NO. 59681 Nationstar Mortgage PO Box 199111 Dallas TX -75219	<input type="checkbox"/>		03/2014 Retail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 49,875.00
			VALUE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subtotal 							\$ 53,016.40
Total 							
(Use only on last page of the completed Schedule F.) 							

Sheet no. 1 of 1 sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$ 53,016.40

Tota

(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

In re Donald L Hollins

Debtor

Case No. _____

(If Known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ACCOUNT NO. <u> </u>	<input type="checkbox"/>		<u>06/2013</u> <u>Medical</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>\$ 626.37</u>
<u>NCC Nationwide Credit</u> <u>815 Commerce Dr.</u> <u>Suite 270</u> <u>Oak Brook, IL. 60523</u>			<u>VALUE</u>				
ACCOUNT NO. <u>3721728280</u>	<input type="checkbox"/>		<u>08/2010</u> <u>Medical</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>\$ 150.00</u>
<u>Northwest Collectors</u> <u>3601 Algonquin Rd.</u> <u>Ste. 232</u> <u>Rolling Meadows IL. 60008</u>			<u>VALUE</u>				
ACCOUNT NO. <u>438864192280</u>	<input type="checkbox"/>		<u>05/2010</u> <u>Credit</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>\$ 1,267.00</u>
<u>Portfolio Recovery Assoc.</u> <u>120 Corporate Blvd.</u> <u>Ste. 100</u> <u>Norfolk, VA 23502</u>			<u>VALUE</u>				
ACCOUNT NO. <u>517805245461</u>	<input type="checkbox"/>		<u>01/2013</u> <u>Credit</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>\$ 931.00</u>
<u>Portfolio Recovery Assoc.</u> <u>120 Corporate Blvd.</u> <u>Ste. 100</u> <u>Norfolk, VA 23502</u>			<u>VALUE</u>				
ACCOUNT NO. <u>540791500633</u>	<input type="checkbox"/>		<u>07/2011</u> <u>Credit</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>\$ 549.00</u>
<u>Portfolio Recovery Assoc.</u> <u>120 Corporate Blvd.</u> <u>Ste. 100</u> <u>Norfolk, VA 23502</u>			<u>VALUE</u>				
Subtotal						<u>\$ 3,523.37</u>	
Total							
(Use only on last page of the completed Schedule F.)							

Sheet no. of sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

(Report total also on Summary of Schedules and,
if applicable, on the Statistical Summary of
Certain Liabilities and Related Data.)

In re Donald L Hollins

Debtor

Case No.

(If Known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
				<input type="checkbox"/>	<input type="checkbox"/>		
ACCOUNT NO. 34824813	<input type="checkbox"/>		11/2012 Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 181.00
Rush-Copley Patient Financial Services 2000 Odgen Ave. Aurora, IL. 60507			VALUE				
ACCOUNT NO.	<input type="checkbox"/>		02/2014 Credit Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 1,119.58
The Shindler Law Firm 1990 E. Algonquin Rd Ste 180 Schaumburg, IL. 60173			VALUE				
ACCOUNT NO. 500469778	<input checked="" type="checkbox"/>		11/2013 Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 72.00
United Recovery Service 18525 Torrence Ave. Lansing, IL. 60438			VALUE				
ACCOUNT NO. D66523	<input type="checkbox"/>		05/1995 Loan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 5,220.24
ICR Immediate Credit Recovery Inc. PO Box 1900 Wappingers Falls NY 12590			VALUE				
ACCOUNT NO. 1623200	<input type="checkbox"/>		02/2014 Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 129.40
West Central Anesthesiology Group LTD 8386 Solutions Center Chicago, IL. 60677			VALUE				

Sheet no. ____ of ____ sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$ 6,722.22

Total

Total:
(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

In re Donald L Hollins

Debtor

Case No. _____

(If Known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See Instructions Above)</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 10-SC-11951 Weltman, Weinberg & Reis Co., L.P.A. 180 N. LaSalle St. Ste 2400 Chicago, IL. 60601	<input type="checkbox"/>		03/2011 Credit Card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 5,363.55
ACCOUNT NO.	<input type="checkbox"/>		VALUE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ACCOUNT NO.	<input type="checkbox"/>		VALUE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ACCOUNT NO.	<input type="checkbox"/>		VALUE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ACCOUNT NO.	<input type="checkbox"/>		VALUE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ACCOUNT NO.	<input type="checkbox"/>		VALUE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subtotal ►							\$ 5,363.55
Total ►							

Sheet no. ____ of ____ sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules and,
if applicable, on the Statistical Summary of
Certain Liabilities and Related Data.)

In re Donald L Hollins

Debtor

Case No. _____

(If Known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT

In re Donald L Hollins

Debtor

Case No. _____

(If Known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

 Check this box if debtor has no codebtors

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

Fill in this information to identify your case:

Debtor 1 First Name	Donald	Middle Name	Lee	Last Name	Hollins
Debtor 2 (Spouse if filing) First Name	N/A	Middle Name		Last Name	
United States Bankruptcy Court for the	Northern	District of	Illinois		
Case Number (if Known)					

Check if this is an amended filing
 A supplement showing post-petition chapter 13 income as of the following date:

MM/DD/YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self employed work.

Occupation may be student or homemaker, if it applies

Employment Status

Debtor 1

Debtor 2 or non filing spouse

Employed
 Not Employed

Employed
 Not Employed

Occupation

Insurance Agent

N/A

Employers Name

Country Financial

Employers Address

700 W. Jefferson

Number Street

Unit 2

Number Street

Shorewood IL 60404

City State Zip

City State Zip

How long employed there

12 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions) if not paid monthly, calculate what your monthly wage would be.

2. \$ 0.00 3,721

\$ _____

3. Estimate and list monthly overtime pay.

3. \$ 0.00

\$ _____

4. Calculate gross income. Add line 2 + line 3

4. \$ 0.00 3,721

\$ 0.00

Debtor 1 Donald L Hollins Document Page 38 of 60 Case Number (if known) _____

For Debtor 1	For Debtor 2 or non-filing spouse
--------------	-----------------------------------

Copy line 4 here..... →

4. \$ 0.00 3,721.00 \$ 0.00

5. List all payroll deductions:

5a. **Tax, Medicare, and Social Security Deductions**
Office Expenses

5b. **Mandatory contributions for retirement plans**
F+O Expenses

5c. **Voluntary contributions for retirement plans**
Life / Disability Insurance

5d. **Required repayments of retirement fund loans**
Dental Insurance

5e. **Insurance**
Eye Care Insurance

5f. **Domestic support obligations**
Medical Insurance

5g. **Union dues**

5h. **Other deductions** Specify: Technology

5a. \$ 455.00 \$ _____
5b. \$ 116.00 \$ _____
5c. \$ 130.73 \$ _____
5d. \$ 35.92 \$ _____
5e. \$ 6.74 \$ _____
5f. \$ 628.20 \$ _____
5g. \$ 103.73 \$ _____
5h. \$ _____ \$ _____
6. \$ 0.00 1,476.94 \$ 0.00
7. \$ 0.00 2,244.06 \$ 0.00

6. Add the payroll deductions. 5a+5b+5c+5d+5e+5f+5g+5h

7. Calculate total monthly take-home pay: Subtract line 6 from line 4

8. List all other income regularly received:

8a. **Net income from rental property and from operating a business, profession, or farm**

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. \$ 2,237.00 \$ _____

8b. **Interest and dividends**

8b. \$ _____ \$ _____

8c. **Family support payments that you, a non-filing spouse, or a dependent regularly receive**

Include alimony, spousal support, child support, maintenance, divorce settlement and property settlement.

8c. \$ _____ \$ _____

8d. **Unemployment compensation**

8d. \$ _____ \$ _____

8e. **Social Security**

8e. \$ _____ \$ _____

8f. **Other government assistance that you regularly receive**

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify: _____

8f. \$ _____ \$ _____

8g. **Pension or retirement income**

8g. \$ _____ \$ _____

8h. **Other monthly income** . Specify: _____

8h. \$ _____ \$ _____

9. Add all other income: 8a+8b+8c+8d+8e+8f+8g+8h

9. \$ 2,237.00 \$ 0.00

10. Calculate monthly income. Add line 7 + line 9

Add the entries in line 10 for debtor 1 and debtor 2 or non-filing spouse.

10. \$ 2,237.00 \$ 0.00

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: _____

11. \$ _____

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

12. \$ 2,237.00

Combined Monthly Income

2,244.06

13. Do you expect an increase or decrease within the year after you file this forms

No.

Yes. Explain Decrease - My sales are down and been falling for the past 4 months.

Fill in this information to identify your case:

Debtor 1	First Name	Middle Name	Last Name
	Donald	L	Hollins
Debtor 2 (Spouse if filing)	First Name	Middle Name	Last Name
	N/A		
United States Bankruptcy Court for the	Northern	District of	ILLinois
Case Number (If Known)			

Check if this is:

An ammended filing

A supplement showing post-petition chapter 13 expenses as of the following date: _____

MM/DD/YYYY

A separate filing for debtor 2 because debtor 2 maintains a seperate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2

Yes. Does Debtor 2 live in a separate household

No

Yes. Debtor 2 must file a separate Schedule J

2. Do you have dependents?

 No

Do not list Debtor 1 and Debtor 2

 Yes. Fill out this information for each dependent

Do not state the dependents names

Dependent's relationship to Debtor 1 or Debtor 2

N/A

Dependent's age

Does dependent live with you?

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

 No Yes**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a suppliment in a chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable data.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B6I)

Your Expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,350.00

If not included in line 4:

4a. Real estate taxes

4b. Property, homeowner's or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowners association or condominium dues

4a. \$ _____

4b. \$ 15.00

4c. \$ _____

4d. \$ _____

Your Expenses

5. Additional mortgage payments for your residence, such as home equity loans	5. \$ <u>0.00</u>
6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>225.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>0.00</u>
6c. Telephone, cell phone, internet, satellite, and cable service	6c. \$ <u>210.00</u>
6d. Other: Specify _____	6d. \$ _____
7. Food and housekeeping supplies	
8. Childcare and children's education costs	
9. Clothing, laundry, and dry cleaning	
10. Personal care products and services	
11. Medical and dental expenses	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	
14. Charitable contributions and religious donations	
15. Insurance: Do not include insurance deducted from your pay or included in lines 4 or 20	
15a. Life insurance	15a. \$ _____
15b. Health insurance	15b. \$ _____
15c. Vehicle insurance	15c. \$ <u>133.00</u>
15d. Other: Specify _____	15d. \$ _____
16. Taxes: Do not include taxes deducted from your pay or included in line 4 or 20	
Specify <u>1</u>	16. \$ _____
17. Installment or lease payments:	
17a. Car payment for vehicle 1	17a. \$ _____
17b. Car payment for vehicle 2	17b. \$ _____
17c. Other: Specify <u>1</u>	17c. \$ _____
17d. Other: Specify <u>1</u>	17d. \$ _____
18. Your payments of alimony, maintenance, and support you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B6i)	
19. Other payments you make to support others who do not live with you	
Specify <u>1</u>	19. \$ _____
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I. Your Income	
20a. Mortgages on the property	20a. \$ _____
20b. Real estate taxes	20b. \$ _____
20c. Property, homeowners, or renter's insurance	20c. \$ _____
20d. Maintenance, repair, and upkeep expenses	20d. \$ _____
20e. Maintenance, repair, and upkeep expenses	20e. \$ _____

21. Other: Specify _____

21. + \$ _____

22. Your monthly expenses. Add lines 4 through 21
The result is your monthly expenses22. \$ 3,073.00

23. Calculate your monthly net income

23a. Copy line 12 (your combined monthly income) from schedule I

23b. Copy your monthly expenses from line 22 above

23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.

23a. \$ 2,237.00 *2244.06*23b - \$ 3,073.0023c. \$ -836.00*- 828.94*

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payments to increase or decrease because of a modification to the terms of your mortgage?

No Explain here:
 Yes

In re Donald L Hollins

Debtor

Case No. _____

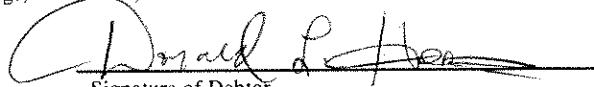
(If Known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 25 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

11/09/2015

Date



Signature of Debtor

Date

Signature of Joint Debtor (if any)

(If joint case, both spouses must sign.)

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

N/A

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person. A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the _____ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the _____ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets, (Total shown on summary page plus 1.) and that they are true and correct to the best of my knowledge, information, and belief.

Date

Signature of Debtor

(Print or type name of individual signing on behalf of debtor.)

(An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.)

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

In re DONALD L. HOLLINS
Debtor

Case No. _____

(If Known)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$146,777.00	Jan. 2015 - Oct. 2015 (37,210) Jan. 2014 - Dec. 2014 (55,805) Jan. 2013 - Dec. 2013 (53,762)

2. Income other than from employment or operation of business

None



State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None



a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
------------------------------	-------------------	-------------	--------------------

None



b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90** days immediately preceding the commencement of the case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
------------------------------	------------------------------	-----------------------------------	--------------------

None



c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND PROCEEDING	STATUS OR DISPOSITION
------------------------------------	----------------------	-----------------------------------	--------------------------

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
--	-----------------	---

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSESSION, FORCLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
NationStar Mortgage PO Box 199111 Dallas TX 75219	Solded 03/17/2015	6602 S. Justine Chicago, IL. \$146,633

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
---------------------------------	--------------------	---

B7 (04/13)

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
----------------------------------	--	------------------	---

7. Gifts

None List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
--	--------------------------------------	-----------------	-------------------------------------

8. Losses

None List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

None List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF, OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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10. Other Transfers

None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	NAME AND ADDRESS OF TRANSFeree, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
<hr/>			
None <input checked="" type="checkbox"/> b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.	NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S
<hr/>			

11. Closed financial accounts

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
<hr/>		

12. Safe deposit boxes

None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAME AND ADDRESS OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
<hr/>			

13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

None If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
1711 Town Center Aurora, IL 60504	Donald L Hollins	6/2012 - 05/2013

16. Spouses and former spouses

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18 . Nature, location and name of business

None



a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOC. SEC. NO/ COMPLETE EIN OR OTHER TAXPAYER I.D. NO.	ADDRESS	NATURE OF BUSINESS	BEGINNING AND END DATES
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None



b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATE SERVICES RENDERED

None b. List all firms or individuals who within **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATE SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

20. Inventories

None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATA OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT
OF INVENTORY (Specify
cost, market or other basis)

B7 (04/13)

None b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.



NAME AND ADDRESS
OF CUSTODIAN
OF INVENTORY RECORDS

DATE OF INVENTORY

21 . Current Partners, Officers, Directors and Shareholders

None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.



NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
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None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.



NAME AND ADDRESS OF CREDITOR	TITLE	NATURE AND PERCENTAGE
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22 . Former partners, officers, directors and shareholders

None a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.



NAME	ADDRESS	DATE OF WITHDRAWAL
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None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.



NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS
OF RECIPIENT,
RELATIONSHIP TO DEBTOR

DATE AND PURPOSE
OF WITHDRAWAL

AMOUNT OF MONEY
OR DESCRIPTION AND
VALUE OF PROPERTY

24. Tax consolidation group

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

25. Pension funds

None

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

11/09/2015

Date



Signature of Debtor

Date

Signature of Joint Debtor
(if any)

[If completed on behalf of a partnership or corporation]

I, declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date

Signature

Print Name and Title

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

 continuation sheets attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

N/A

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person. A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

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Carol Stream, IL 60132

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New Lenox, IL 60451

Alden Management
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4200 W. Peterson Ave.
Chicago, IL. 60646

AT&T
PO Box 5093
Carol Stream, IL 60197

Athletic & Therapeutic
Inst
4947 Paysphere Circle
Chicago, IL 60674

Athletic & Therapeutic
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BMO Harris Bank
PO Box 94034
Palatine, IL. 60094

Cadence Health
Central DuPage Hospital
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Carol Stream, IL. 60197

Capital Accounts
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Salt Lake City, UT 84130

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Wilmington, DE 19850

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Wilmington, DE 19850

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Wilmington, DE 19850

Choice Recovery
PO Box 20790
Columbus, OH 43220

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723 1st St.
LaSalle, IL 61301

Credit Collection
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Newton, MA 02459

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LaSalle, IL 61301

Diversified Services Inc
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Des Plaines, IL 60018

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Indianapolis, IN 46227

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395 W. Lake St.
Elmhurst, IL 60126

Jefferson Capital Systems
16 McLeland Rd.
Saint Cloud, MN 56303

M&M Orthopaedics
4300 Commerce Ct.
Ste 230
Lisle, IL 60532

Medac-West Central
Anesthesia
PO Box 4115
Concord, CA 94524

Merchants Credit Guide
223 W. Jackson Blvd
Ste 410
Chicago, IL 60606

Merchants Credit Guide
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Chicago, IL 60606

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1460 Renaissance Dr.
Park Ridge, IL 60068

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8875 Aero Dr Ste 200
San Diego, CA 92123

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1 Westbrook Corp Center
Ste 240
Westchester, IL 60154

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7330 College Dr.
Palos Heights, IL 60463

Nationstar Mortgage
PO Box 199111
Dallas, TX 75219

NCC Nationwide Credit
815 Commerce Dr.
Suite 270
Oak Brook, IL 60523

Northwest Collectors
3601 Algonquin Rd.
Ste. 232
Rolling Meadows IL 60008

Portfolio Recovery Assoc.
120 Corporate Blvd.
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Norfolk, VA 23502

Portfolio Recovery Assoc.
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Lansing, IL 60438

ICR Immediate Credit
Recovery Inc
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West Central
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Chicago, IL 60677

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